## Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDI		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39C0001231		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 12/23/2022	
NAME OF PROVIDER OR SUPPLIER: ENDOSCOPY CENTER AT ST. MARY, LP  STATE LICENSE NUMBER: 21171501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1205 LANGHORNE-NEWTOWN ROAD Suite 103 LANGHORNE, PA 19047				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0000	This report is the resul revisit survey conducted following a State Licer August 11, 2022, at Er It was determined that with the requirements Department of Health's Ambulatory Care Faci IV, Subparts A and F, November 1999.	2022, sted on St. Mary. ompliance sons for	S 0000				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:							

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## **Certified End Page**

## **ENDOSCOPY CENTER AT ST. MARY, LP**

STATE LICENSE NUMBER: 21171501 SURVEY EXIT DATE: 12/23/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY